



## Business Tax Certificate Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017  
Fresno City Hall • 2600 Fresno St., Room 2162 • Fresno, CA 93721  
Phone: (559) 621-6880 / FAX: (559) 498-2544  
Hours: Monday – Friday 10:00 a.m. – 5:00 p.m.

Application Processing Fee	\$	10.00
Initial Tax Charge	+ \$	
State Mandated Fee	+ \$	1.00
<small>For more information see SB1186 notice on reverse</small>		
<b>Please remit this amount</b>	<b>= \$</b>	

**It is your responsibility to check with the Planning Department, Police and Fire Departments to determine if your business is permitted in your proposed location. The Planning, Police and Fire Departments will review your proposed use to ensure it is consistent with the established zoning, building, police and fire regulations. It is your responsibility to meet with the appropriate city staff prior to opening for business or committing your business to a certain location.**

1. Business Name: \_\_\_\_\_  
*If a business name is not used, enter owner's name*
- \_\_\_\_\_ *Corporation name (if applicable)*
2. Describe Business: \_\_\_\_\_  
(In Detail) *Include principal service or product, and whether business income is wholesale, retail or both*
- \_\_\_\_\_
3. Date Opened: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *Date business began operating in the City of Fresno*  
*mo day yr*
4. Business Location: \_\_\_\_\_  
*Physical/street address (or range of addresses) Unit #*
- \_\_\_\_\_ *City State Zip Code Business Phone #*
5. Mailing Address: \_\_\_\_\_  
*Street/P.O. Box Address Unit# Attention*
- \_\_\_\_\_ *City State Zip Code Business email address*
6. Ownership Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation # \_\_\_\_\_ ☐ LLC# \_\_\_\_\_  
☐ Non-Profit ☐ Other (specify) \_\_\_\_\_

7. Ownership Info:	(Circle One) Owner / Partner / President	(Circle One) Co-Owner / Partner / Vice Pres. / Etc.
	Full Name	
	Complete Residential Address (include zip)	
	Telephone Home: Cell:	Home: Cell:
	Social Security No.	
	Date of Birth	
	Driver's License No.	

**If additional partners/owners exist, please attach a separate list with the above info included**

8. Federal Tax I.D. No.: _____	State Resale No.: _____	State Contractors Lic. No.: _____	Exp.: _____
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**MUST COMPLETE BOTH SIDES OF APPLICATION • INITIAL AND SIGN**

For Official Use Only	
Business Type: _____	First Tax Period: _____ Expiration Date: _____
Notes: _____	
IY: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Amusement Device <input type="checkbox"/> Billiards <input type="checkbox"/> PD	
Account: _____	Date: _____ By: _____

## Business Description and Information

If you know your NAICS code, provided by the state, please provide: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Current Year Estimated Gross Receipts in City of Fresno \$ \_\_\_\_\_ .00 Square Footage: \_\_\_\_\_

Please describe your business and the products or services you will provide. Include types of products and quantities stored: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you sell your service or product outside of California? ☐ Yes ☐ No

If Yes, what is the current year estimated gross value of product/service you export? \$ \_\_\_\_\_ .00

Landlord Info:

\_\_\_\_\_  
Name of property owner or person to whom rent is paid

\_\_\_\_\_  
Address of property owner or person to whom rent is paid

On September 19, 2012 Governor Brown signed into law SB1186, which adds a state fee of \$1.00 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public.

You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission of Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov)

\_\_\_\_\_  
Initial I acknowledge that the issuance of a  
Business Tax Certificate does not exempt  
me from the requirements of any  
applicable City, County, or State Law.

\_\_\_\_\_  
Initial I acknowledge receipt of "Attachment A"  
New Business Information Checklist

\_\_\_\_\_  
Initial I will contact the Business Tax Division  
if there are any changes to this account.

I hereby certify under penalty of perjury under the State laws of California that the above information is correct and I am an authorized representative of this business. I understand this application is a City of Fresno Municipal Code requirement and not a license to do business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

ACCT# \_\_\_\_\_ INITIALS